

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 6/27/05

2 Serial/Patent # 10/523688

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input checked="" type="checkbox"/>	Other <u>Search fee adjustment</u>			\$ <u>100</u>
		7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>	
8 TO BE REFUNDED BY:				
		Treasury Check	<input type="checkbox"/>	
<input type="checkbox"/>		Credit Deposit A/C #:	<u>, 15--0461</u>	
10 REASON:				
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/>		
<input type="checkbox"/> Duplicate Payment		<input type="checkbox"/>		
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Karen Lewis (Baltimore)</u>		TITLE: <u>Paralegal Specialist</u>		
SIGNATURE: <u>Karen Lewis</u>		PHONE: <u>(703) 308-9140 ext 202</u>		
OFFICE: <u>DO/EO</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B